



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Lance Himes/Director of Health

Nancy Voitius, Executive Director
Catholic Charities Regional Agency
319 W. Rayen Ave.,
Youngstown, OH 44502

Dear Ms. Voitius:

Thank you for your interest in the Choose Life program and for your application for Choose Life funding. The application(s) was approved for the following county(s) in the amount(s) of:

- Mahoning \$180.00
- Columbian \$140.00
- Trumbull \$120.00

Enclosed is a copy of the application as was submitted. You should receive an award totaling \$440.00 within the next 30 days.

If you have an questions, please contact the Choose Life Program Consultant, Marius Igwe at Marius.Igwe@odh.ohio.gov. or 614-466-4634.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lance Himes', is written over a faint, larger signature.

Lance Himes
Director of Health



Catholic Charities Regional Agency

Serving Columbiana, Mahoning and Trumbull Counties

Providing Help. Creating Hope.

May 7, 2018

Administrative Offices

Mahoning County

319 W. Rayen Ave.

Youngstown OH 44502

330-744-3320

Choose Life Fund/ ODH

Bureau of Maternal, Child and Family

Attn: Marius Igwe

246 North High Street 6th Floor

Columbus OH 43215

Trumbull County

175 Laird Ave NE

Warren OH 44483

330-393-4254

Dear Mr. Igwe:

Christina Center

115 E. Washington St.

Lisbon OH 44432

330-420-0845

Please find enclosed our application for Choose Life Funds from the Ohio Department of Health.

Our agency's administrative offices are in Youngstown, Mahoning County, but our agencies serves three counties – Columbiana, Mahoning and Trumbull Counties. We have offices in each county that provide services to pregnant women. The addresses of each county are on this letterhead. I wanted to be sure our application reflected the three county service area.

Christina House

P.O. Box 262

Lisbon OH 44432

330-420-0036

Thank you for your consideration and time.

Catholic Charities Senior

Center/ Dierker Center

600 E. Fourth St.

East Liverpool OH 43920

330-385-4732

Nancy Voitus
Executive Director

www.ccdo.org



Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Catholic Charities Regional Agency

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
☒ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Other (see instructions) ▶

Notes. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

319 W. Rayen Ave

6 City, state, and ZIP code

Youngstown Ohio 44502

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

OR

Employer identification number

--	--	--	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person ▶

Lancey Carter

Date ▶ 5-14-18

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/irb.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Catholic Charities Regional Agency
OAKS Supplier Number & Address Code	0000063099 address code #2
Federal Tax ID Number	
Street Address	319 W. Rayen Ave. Youngstown OH 44502
City, State Zip code	Youngstown OH 44502
County of Location Providing Services <i>(Entity must be physically present in the county to apply for funding; Only one Application Per Location)</i>	Mahoning County
Address where ODH should Direct Payment	319 W Rayen Ave Youngstown OH 44502
Counties of Service <i>This location serves women from the following counties:</i>	Mahoning County
Name of Person and Title completing application	Nancy Voitius, Executive Director
Area Code/Phone Number	330-744-3320
Email	nvoitius@ccregional.org

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

III. Funding available in contiguous and noncontiguous counties: Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. The ODH Director shall distribute funds allocated for a county as follows:

- To one or more eligible organizations located within the county (entity must be physically present in the county to apply for funding);
- If no eligible organization located within the county applies for funding, to one or more eligible organizations located in contiguous counties (entity must be physically present in the contiguous county to apply for funding);
- If no eligible organization located within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county that serves women from the identified county(ies).

The director shall ensure that any funds allocated for a county are distributed equally among eligible organizations that apply for funding within the county.

IV. For Current Choose Life Organizations: By June 1, 2018, the following (A & B) is required with this Application:

A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2017 to May 31, 2018, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:

1. **An Audited Financial Statement.** This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with current accounting standards. Statements must verify that the Choose Life funds were used as follows:

- a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
- b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
- c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*

2. **Notarized Financial Statement Form.** This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:

- a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
- b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
- c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*

3. **Expenditure Tracking Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

B. **Update Supplier Information online.** If Organization has any changes to the information requested in Section I of the application, it must update its account on the OAKS Supplier module. To update supplier account online at the OAKS Supplier Self-Registration module visit: www.supplier.obm.ohio.gov.

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

V. For New Choose Life Organization Applicants: By June 1, 2018, the following (A & B) is required with this application:

- A. Organization must register online using the OAKS Supplier Self-Registration module at www.supplier.obm.ohio.gov;
- B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
- C. Any Organization may opt for electronic deposit by completing the *Authorization Agreement for Direct Deposit of EFT Payments form* (*optional*).

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

VI. By June 1, 2019, all Organizations shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5-24-18

Date

Nancy Uthrus

Signature of Person Completing Application

Nancy Uthrus Executive Director

[Print Name & Title]

Application to be submitted to:

ODH/Choose Life Fund
Bureau of Maternal, Child and Family, Attention: Marius Igwe
246 North High Street, 8th floor
Columbus, OH 43215

Contact Marius Igwe with questions at Marius.Igwe@odh.ohio.gov
or 614.466.4634.



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Serving Columbiana, Mahoning and Trumbull Counties

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May 7, 2018

Administrative Offices

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Youngstown OH 44502

330-744-3320

Trumbull County

175 Laird Ave NE

Warren OH 44483

330-393-4254

Choose Life Fund/ ODH

Bureau of Maternal, Child and Family

Attn: Marius Igwe

246 North High Street 6th Floor

Columbus OH 43215

Dear Mr. Igwe:

Christina Center

115 E. Washington St.

Lisbon OH 44432

330-420-0845

Please find enclosed our application for Choose Life Funds from the Ohio Department of Health.

Christina House

P.O. Box 262

Lisbon OH 44432

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Our agency's administrative offices are in Youngstown, Mahoning County, but our agencies serves three counties – Columbiana, Mahoning and Trumbull Counties. We have offices in each county that provide services to pregnant women. The addresses of each county are on this letterhead. I wanted to be sure our application reflected the three county service area.

Thank you for your consideration and time.

Catholic Charities Senior

Center/ Dierker Center

600 E. Fourth St.

East Liverpool OH 43920

330-385-4732

Nancy Voitus

Executive Director

www.ccdoy.org



Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Catholic Charities Regional Agency

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

319 W. Rayen Ave

6 City, state, and ZIP code

Youngstown Ohio 44502

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
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OR

Employer identification number

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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person ▶

Danay Carter

Date ▶ **5-14-18**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

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2. Certify that you are not subject to backup withholding, or
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**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Catholic Charities Regional Agency
OAKS Supplier Number & Address Code	0000063099 address code #2
Federal Tax ID Number	[REDACTED]
Street Address	115 East Washington Street
City, State Zip code	Lisbon, OH 44432
County of Location Providing Services <i>(Entity must be physically present in the county to apply for funding; Only one Application Per Location)</i>	Columbiana
Address where ODH should Direct Payment	319 W. Rayen Ave. Youngstown OH 44502
Counties of Service <i>This location serves women from the following counties:</i>	Columbiana
Name of Person and Title completing application	Nancy Voitius, Executive Director
Area Code/Phone Number	330-744-3320
Email	nvoitius@ccregional.org

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
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5-24-18

Date

Nancy Voitius

Signature of Person Completing Application

Nancy Voitius, Executive Director

[Print Name & Title]

Application to be submitted to:

ODH/Choose Life Fund

Bureau of Maternal, Child and Family, Attention: Marius Igwe

246 North High Street, 6th floor

Columbus, OH 43215

Contact Marius Igwe with questions at Marius.Igwe@odh.ohio.gov
or 614.466.4634.



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www.ccdoy.org



Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See specific instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Catholic Charities Regional Agency

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶
- ☒ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

319 W. Rayen Ave

6 City, state, and ZIP code

Youngstown Ohio 44502

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person ▶

Daney Carter

Date ▶ **5-14-18**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/ir9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Catholic Charities Regional Agency
OAKS Supplier Number & Address Code	0000063099 address code #2
Federal Tax ID Number	[REDACTED]
Street Address	379 Laird Avenue NE
City, State Zip code	Warren OH 44484
County of Location Providing Services (Entity must be physically present in the county to apply for funding; Only one Application Per Location)	Trumbull County
Address where ODH should Direct Payment	319 W. Rayen Ave. Youngstown OH 44502
Counties of Service This location serves women from the following counties:	Trumbull County
Name of Person and Title completing application	Nancy Voitius, Executive Director
Area Code/Phone Number	330-744-3320
Email	nvoitius@ccregional.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**
- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
 - B. Is a private, nonprofit organization;
 - C. Is committed to counseling pregnant women about the option of adoption;
 - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
 - E. Does not charge pregnant women for any services received;
 - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
 - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

III. Funding available in contiguous and noncontiguous counties: Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. The ODH Director shall distribute funds allocated for a county as follows:

- To one or more eligible organizations located within the county (entity must be physically present in the county to apply for funding);
- If no eligible organization located within the county applies for funding, to one or more eligible organizations located in contiguous counties (entity must be physically present in the contiguous county to apply for funding);
- If no eligible organization located within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county that serves women from the identified county(ies).

The director shall ensure that any funds allocated for a county are distributed equally among eligible organizations that apply for funding within the county.

IV. For Current Choose Life Organizations: By June 1, 2018, the following (A & B) is required with this Application:

A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2017 to May 31, 2018, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:

1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with current accounting standards. Statements must verify that the Choose Life funds were used as follows:

- a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
- b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
- c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*

2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:

- a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
- b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
- c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*

3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

B. Update Supplier Information online. If Organization has any changes to the information requested in Section I of the application, it must update its account on the OAKS Supplier module. To update supplier account online at the OAKS Supplier Self-Registration module visit: www.supplier.obm.ohio.gov.

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

V. For New Choose Life Organization Applicants: By June 1, 2018, the following (A & B) is required with this application:

- A. Organization must register online using the OAKS Supplier Self-Registration module at www.supplier.obm.ohio.gov;
- B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
- C. Any Organization may opt for electronic deposit by completing the *Authorization Agreement for Direct Deposit of EFT Payments form* (*optional*).

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

VI. By June 1, 2019, all Organizations shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5-24-18

Date

Nancy Voitus

Signature of Person Completing Application

Nancy Voitus Executive Director
[Print Name & Title]

Application to be submitted to:

ODH/Choose Life Fund
Bureau of Maternal, Child and Family, Attention: Marius Igwe
246 North High Street, 6th floor
Columbus, OH 43215

Contact Marius Igwe with questions at Marius.Igwe@odh.ohio.gov
or 614.466.4634.

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Catholic Charities Regional Agency
OAKS Supplier Number & Address Code	0000063099 address code #2
Federal Tax ID Number	
Street Address	319 W. Rayen Ave Youngstown OH 44502
City, State Zip code	Youngstown Ohio 44502
County of Location Providing Services <i>(Entity must be physically present in the county to apply for funding; Only one Application Per Location)</i>	Mahoning, Trumbull and Columbiana
Address where ODH should Direct Payment	319 W. Rayen Ave Youngstown Ohio 44502
Counties of Service <i>This location serves women from the following counties:</i>	Mahoning, Trumbull and Columbiana Counties
Name of Person and Title completing application	Nancy Voitus, Executive Director
Area Code/Phone Number	330.744.3320
Email	nvoitus@ccregional.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**
- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
 - B. Is a private, nonprofit organization;
 - C. Is committed to counseling pregnant women about the option of adoption;
 - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
 - E. Does not charge pregnant women for any services received;
 - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
 - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

- III. Funding available in contiguous and noncontiguous counties:** Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. The ODH Director shall distribute funds allocated for a county as follows:
- To one or more eligible organizations located within the county (entity must be physically present in the county to apply for funding);
 - If no eligible organization located within the county applies for funding, to one or more eligible organizations located in contiguous counties (entity must be physically present in the county to apply for funding);
 - If no eligible organization located within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county that serves women from the identified county(ies).

The director shall ensure that any funds allocated for a county are distributed equally among eligible organizations that apply for funding within the county.

IV. For Current Choose Life Organizations: By June 1, 2018, the following (A & B) is required with this Application:

- A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2017 to May 31, 2018, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
 2. Notarized Financial Statement Form. This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
 3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

- B. Update Supplier Information online. If Organization has moved, update supplier account online at the OAKS Supplier Self-Registration module at www.supplier.obm.ohio.gov.

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

- V. **For New Choose Life Organization Applicants:** By June 1, 2018, the following (A & B) is required with this application:

- A. Organization must register online using the OAKS Supplier Self-Registration module at www.supplier.obm.ohio.gov;
- B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
- C. Any Organization may opt for electronic deposit by completing the Authorization Agreement for Direct Deposit of EFT Payments form (*optional*).

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

- VI. **By June 1, 2019, all Organizations** shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

May 8, 2018
Date

Nancy Voitius
Signature of Person Completing Application

Nancy Voitius, Executive Director
[Print Name & Title]

Application to be submitted to:

ODH/Choose Life Fund
Bureau of Maternal, Child and Family, Attention: Marius Igwe
246 North High Street, 6th floor
Columbus, OH 43215

Contact Marius Igwe with questions at Marius.Igwe@odh.ohio.gov
or 614.466.4634.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Catholic Charities Regional Agency

2 Business name/di disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC
☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

319 W. Rayen Ave

6 City, state, and ZIP code

Youngstown Ohio 44502

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person ▶

Danay Carter

Date ▶ *5-14-18*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.